



CAREER DEVELOPMENT CENTER

PLATTSBURGH STATE UNIVERSITY
 101 Broad Street – Kehoe 805 Plattsburgh, New York 12901
 Phone: (518) 564-2071 Fax: (518) 564-5080

STUDENT TEACHING REFERENCE (for teacher candidate's credential file)

CANDIDATE NAME _____
 (Please print) Last First Middle

AREA OF CONCENTRATION _____ GRADUATION DATE _____

NOTE TO THE CANDIDATE AND TO THE EVALUATOR: The Family Educational Rights and Privacy Act of 1974 opens many student records for the student's inspection, including references and evaluations. The law also permits the student to waive the right to inspect references, thus making them confidential. The Career Development Center deems, to the best of our knowledge, that the content of a reference marked *confidential* has not been shared with the candidate.

Please designate whether the reference below is to be: _____ CONFIDENTIAL or _____ NON-CONFIDENTIAL

Candidate's Authorizing Signature _____
 (Failure to indicate a designation shall result in the reference being considered NON-CONFIDENTIAL in every situation.)

STUDENT TEACHING ASSIGNMENT:

School _____ Grade Level _____ Dates _____

**PROFESSIONAL
 PREPARATION
 RATINGS:**

3 = Strong performance; better than expected for a beginner
2 = Satisfactory performance; should do an adequate job with a minimum of supervision
1 = Minimal performance; will need extensive supervision, guidance and support

<i>Leave blank if unable to evaluate</i>	3	2	1		3	2	1
Adaptability				Planning and preparation			
Dependability				Guiding learning activities			
Initiative				Using instructional materials			
Decision-making ability				Command of subject matter			
Resourcefulness				Management and organization			
Professional appearance				Providing for individual needs			
Professional attitude				Use of a variety of assessment techniques			
Communication -- oral				Responds appropriately to suggestions			
Communication -- written				Use of behavior management techniques			
Rapport with children				Commitment to professional development			
Rapport with parents & caregivers				Potential for growth			
Consultative ability				OVERALL PREPARATION RATING			
Familiarity with New York State Learning Standards							

Comments:

Signature of Evaluator _____ Date _____

Name _____ Position _____

Organization _____ Telephone _____

NOTE: When you have completed this form, please return it directly to the Career Development Center at the address listed above.
No confidential reference will be accepted if delivered by the candidate. Thank you.